nce Library

OCT 18 1947

BULLETIN of the MENNINGER CLINIC

Vol. 11, No. 3 May, 1947

Contents:

THE MENNINGER FOUNDATION
SCHOOL OF PSYCHIATRY

The Philosophy of the School..... 77
Relation to Winter Veterans Administration Hospital. 81
Selection of Candidates..... 83
Fellowships and Residencies..... 90
Faculty 93
Didactic Curriculum..... 95
Clinical Instruction..... 102
Coordinate Training Programs..... 106

Topeka
Kansas

Issued bi-monthly by the Menninger Foundation, Topeka, Kansas
Annual Subscription rate $2.00. Single numbers, 50c
Copyright 1947 The Menninger Foundation

BULLETIN of the
MENNINGER CLINIC

VOLUME 11 MAY, 1947 NUMBER 3

THE MENNINGER FOUNDATION SCHOOL OF PSYCHIATRY

During the year and a half that the Menninger Foundation School of Psychiatry has been in existence certain theories and procedures concerning psychiatric education have been evolved by its faculty which have crystallized in the description of the School and its teaching program herein presented. The material was prepared by the entire faculty.

The Editors

THE PHILOSOPHY OF THE SCHOOL

The philosophy of psychiatric education in the Menninger Foundation School of Psychiatry upon which the work of our school is predicated has been set forth at various times by various spokesmen. It was summarized in a special number of the *Bulletin of the Menninger Clinic* published in March 1945. "Psychiatry," affirms Eli Ginsberg in that summary, "is more than a medical specialty." We believe this. It is more than a professional discipline. It is more than an aggregation of specialized therapeutic techniques. It is, in addition to these things, a point of view, a point of view which contemplates the human being as an object capable of scientific study only if psychological and social factors are given a status equivalent to physical and chemical factors, and only if all of these factors are considered in their interacting and interrelated aspects.

This is psychiatry as we see it. The problem of providing training for those men and women who desire to qualify technically as psychiatrists and function in any one of the numerous fields of social usefulness now assigned to psychiatrists is, therefore, one involving problems of technical instruction in various fields on the one hand, and problems of orientation and the acquiring of perspective on the other. It is very difficult to teach both of these simultaneously, but difficult as it is, it must be done.

It is made more difficult by reason of the fact that doctors enter the period of special training in psychiatry with very wide differences in many important fields of previous experience. They differ widely in their cultural backgrounds; they differ considerably in their personal endowments; they differ greatly in what might be called the spiritual quality of their medical training.

It is not possible for any school to be all things to all people and it has been necessary for practical purposes to plan the Menninger Foundation School of Psychiatry as a growing and developing institution which will

change its program constantly to fit the special needs of the majority of its Fellows. The change which is now taking place in all the good medical schools of the country with respect to the incorporation of more and better psychiatric teaching will undoubtedly modify the graduate training of the future, (see the article by John Romano in The Psychiatric Education number of the *Bulletin of the Menninger Clinic* referred to above) and hence the program of our school.

Furthermore, changes within psychiatry itself are taking place rapidly which offset any plans for graduate training. Only a few years ago all psychiatry was intramural; now most psychiatry is extramural. Only a few years ago psychiatry was largely a problem of discriminating custody. Today psychiatry involves a multitude of problems in management—extramural as well as intramural, and a wide selection of treatment programs—physical therapy, chemical therapy, attitude therapy, recreational therapy, psychotherapy, etc. The psychiatrist of today must know far more than what to do with a patient; he must know what to do with those persons to whom he assigns the care of the patient and upon whom he depends for effective handling and treatment of the patient. These things, therefore, must also be a part of the training.

Then there is the problem of *how* to teach this changing psychiatry. The novice, the young physician fresh from his internship or from a few years of medical practice, is apt to enter his period of psychiatric training in a state of bewilderment. He is in a strange new world. Attitudes, procedures, terms, symptoms, treatment methods, all seem far away from those which he associates with the practice of medicine. To allow a young doctor in this frame of mind to flounder about, observing this patient and that one, following this staff physician or the other, picking up a few things from fellow residents and a few from cryptic discussions or sharp arguments at staff meetings—this certainly cannot be considered good training. To be sure, the intelligent physician will absorb something from such an exposure but he will do so with much lost time and waste motion and, sometimes, with considerable emotional disturbance. It is important, we feel, that the psychiatric novitiate be exposed by plan and design to the right doctors, the right atmosphere, the right patients, the right books, the right topics of instruction, the right staff instructors. We realize that one could quibble for a long time over the meaning of the word "right" as here used. We realize that there will always be differences of opinion among even the most thoughtful teachers as to what is better or what is best, but it is a step forward to recognize that whatever is considered the best must be that to which the psychiatric trainee is systematically and planfully exposed.

More specifically we feel that this exposure should be by systematic

shifting and rotation of assignments and instructors so that the resident comes to understand the implications of hospital admission, the techniques of diagnostic study (including the cooperative function of the psychologist) and the nature of case analysis and case presentation; the indications for prescription and application of therapy; the techniques of various special therapies; the management of relatives, discharge procedure and patient follow-up; the functions of psychiatric social workers, psychiatric nurses, psychiatric aides, psychiatric occupational therapists, physical therapists, occupational therapists and recreational therapists; and the responsibilities and relationships of the psychiatrist and the psychiatric institution to the community. Only after he has gained a familiarity with these fields of psychiatric functioning can he get on to the more difficult problems of psychotherapy, child psychiatry and the function of the psychiatrist in general medicine, surgery and dentistry now often called "psychosomatic medicine."

In all of this exposure to experience the resident needs guidance. He needs reading prescription, he needs didactic instruction, he needs tutorial counsel, he needs seminar participation. Residencies which are essentially only medical assistantships save the hospital money, but they do not train the residents. To train a resident adequately costs money, considerably over and above what his services are worth, for at least the first two years.

In summary, then, the objectives of psychiatric education as we envisage them are to equip medical graduates with a certain body of knowledge and certain techniques or skills and a certain amount of clinical experience together with a certain spirit or attitude, defined above. Just what these certain facts and skills are which the trainee should acquire are more definitely set forth in the curriculum and clinical instruction programs to follow.

It has been learned from experience that a program so radically different as this from the more conventional type of medical education, let us say in surgery, and one in which psychological factors are so constantly emphasized, constitutes in itself a considerable adjustment problem for the novititate. For this reason the faculty, after long discussion and various trial and error experiments, decided upon a two-months period of orientation during which the resident is given a minimum of clinical responsibilities. The detailed steps of this orientation period are also shown in the curriculum outline below.

We also believe that throughout the residency training period in psychiatry an emphasis on what might be general cultural development should be implemented by the introduction of cultural courses into the contents of the curriculum, by the encouragement of or provision for extracurricular

activities and opportunities, and by reading recommendations. It might be too broad a statement to say that no doctor can become a good psychiatrist if he has not listened at fairly frequent intervals to some of the world's best music or read some of the world's best poetry. But it certainly could be claimed that the lack of a general acquaintance with the best formalized expression of human emotions will prevent a doctor from ever being a really good psychiatrist. It has been our experience that many residents in the early days of their training need to be directed first to a better acquaintance with such sources as the Bible, Aesop's Fables, Grimm's Fairy Tales, and Dostoievski's novels rather than to technical treatises on Gestalt psychology and psychoanalysis.

One final comment might be added with regard to a feature of our training program which is relatively unusual. Psychiatry, above all other branches of medicine, requires skill in verbalization. Things must be explained to patients and to patients' relatives and to other physicians. It is amazing how many physicians are inarticulate in private conferences as well as in public appearances. To the end of increasing their skill in verbal communication we believe it desirable to include in the training of every psychiatric resident some instruction in English composition and in public speaking. That psychiatrists are so often accused of talking mumbo-jumbo is not so much because psychiatrists know so many technical words and phrases as because they are inept and unskilled in the clearly enunciated use of simple, explicit English. This deficiency we should attempt to correct, belated though such instruction may be.

DEVELOPMENT OF THE SCHOOL IN RELATION TO WINTER VETERANS ADMINISTRATION HOSPITAL

The principles on which the curriculum of the Menninger Foundation School of Psychiatry is based were developed by the Menninger Clinic staff during their long experience with a limited number of psychiatric residents. As explained in the *Bulletin of the Menninger Clinic* for January, 1946, The Menninger Foundation, organized in 1941, proposed to assist the expansion of psychiatric education, anticipating the post-war demand. At the end of the War, large numbers of medical officers, eligible for discharge, responded to the urgent need for trained psychiatrists by overwhelming with applications all existing facilities for residency training. Impressed by these applications, the Menninger Foundation decided upon an immediate but necessarily modest expansion of its training program by cooperation with available agencies which could provide clinical material. The inauguration of a School of Psychiatry was announced for October, 1945.

Thus, the Menninger Foundation was receptive to cooperation with the Department of Medicine and Surgery of the Veterans Administration when, in the fall of 1945, the constructive policies of General Omar Bradley and General Paul Hawley were applied to the urgent need of veterans' hospitals for an extensive staff of qualified psychiatrists. In November, 1945, Lieutenant Colonel I. A. Marshall, representing General Hawley, visited the Foundation and proposed the development of Winter General Hospital as a psychiatric teaching center. Specifically, the Menninger Foundation was asked if it would undertake an expansion of its program to include the training of residents in considerable numbers at Winter General Hospital. It was stipulated that: (a) Winter General would become a Veterans Administration hospital, (b) if the Menninger Foundation would agree to the contract, Winter Hospital would be made a leading teaching center in psychiatry for the Veterans Administration, and (c) the management and direction of the teaching program would be in the hands of the Menninger Foundation.

The plan was quickly effected. The General Director of the Department of Education conferred in Washington with General Paul Hawley, Medical Director of the Veterans Administration, and with Dr. Daniel Blain who had just been appointed as Chief of the Division of Neuropsychiatry. To coordinate the two institutions and to develop the program of a teaching center, Dr. Karl Menninger gave up his clinical work at the Menninger Clinic for an indefinite time in order to serve as Manager of the

Veterans Hospital, simultaneously acting as General Director of the Foundation's educational department. In December, 1945, Winter General Hospital, vacated by the Army, became a hospital of the Veterans Administration, established primarily for the education of psychiatrists and of other specialists in the field of mental health.

News that a School of Psychiatry existed channelled a large number of the applications for residency training, from medical officers, to the Menninger Foundation. The number of applications rose to several hundred early in 1946, and created an unprecedented problem in the selection of doctors for psychiatric training. A procedure of personality diagnostic tests and interviews with senior faculty members was adopted, and the selection of residents became a research project, the philosophy and methods of which are detailed later in the present *Bulletin*.

By this method, twenty-seven Fellows were selected for the beginning class, which assembled January 2, 1946, at Winter V. A. Hospital. A second class of twenty-one entered April 1, and a third class of forty-four was appointed for July 1. The total reached one hundred eight by October, when the program of the School of Psychiatry could be stabilized. It was decided that new classes would be formed on July 1 of each year.

The expanding staff of the Foundation and the rapidly recruited medical staff of Winter Hospital cooperated to build up the clinical services of the new hospital and the training program. The officials of the Veterans Administration in the Central and Branch Offices supported vigorously and materially the pursuit of these objectives and made their realization possible. At the end of the year 1946, Winter Hospital had achieved the necessary clinical facilities to care for 1400 patients. Nearly a thousand persons were enrolled in different professional courses. The one hundred psychiatric residents were variously assigned, according to a plan of clinical instruction, to ten clinical services of Winter Hospital, including Medicine and Surgery, and to three services of the Menninger Foundation.

The present announcement of the School of Psychiatry terminates an intensive experimental period of faculty organization and curriculum construction. Throughout this period, the objective was clear—to create a balanced program of clinical and didactic instruction, integrated throughout and adequate to the requirements of general psychiatric practice. Trial and error were necessary to the discovery of an economical, over-all plan of clinical assignments, to the construction of a solid, progressive didactic curriculum, and to the choice of appropriate teaching methods. The results of this experimental effort are largely due to the cooperation of the doctors who enrolled in the School of Psychiatry during its first year, and who helped to develop the program which is outlined on the following pages.

THE SELECTION OF CANDIDATES FOR TRAINING IN PSYCHIATRY: PHILOSOPHY AND METHODS

Before World War II there was little interest in developing criteria or methods on the basis of which the most promising applicants for training in psychiatry could be chosen and others could be advised to turn to other specialties in medicine. The reason for this lack of interest was simple: There were too few applicants for training, and the usual criteria for any kind of professional work—good intelligence, ambition, capacity to learn, and average personableness—were sufficient standards by which to judge the young physician whose interest in psychiatry had survived his passage through medical school and a rotating internship. Indeed, even these modest standards had, not infrequently, to be slightly strained in order to include sufficient applicants to fill the psychiatric residencies available, notwithstanding their small and inadequate number.

During the war the situation was far more stringent in civilian psychiatric training centers, for the flow of applicants all but ceased, while in the medical corps of the Army and Navy every physician with even the slightest interest or training in psychiatry was practically shanghaied into psychiatric work in an attempt to provide care for the large number of psychiatric cases. As demobilization got under way following the termination of hostilities, it became evident that a tidal wave of applicants for psychiatric training was in prospect, and, at this writing, this wave has materialized. Between August, 1945 and January, 1947 some 800 physicians, largely veterans, made inquiries about training in the Menninger Foundation School of Psychiatry alone. Of this number, about 500 made formal application, about 225 have been interviewed and tested, and of the 140 who have been accepted, 110 have come to Topeka to begin (or continue) their psychiatric training.

The magnitude of the task of selection from this formidable number of applicants is readily apparent. It was necessary to establish criteria and set up interviewing and testing procedures quickly, with no established precedents to guide us. At the same time, we recognized that a unique opportunity had presented itself to carry out a piece of research in selection of applicants for psychiatric training, and it would be possible to obtain checks on the selection criteria by following each student's actual performance during his residency training. The vision and progressive viewpoint of the leaders of the new Veterans Administration program led them to quickly recognize and provide subsidies for this ambitious project. While the project is far from completed it seems worth while to present a preliminary report dealing with two phases of it—the philosophy under-

lying the selection, and the actual selection methods. Only a few remarks can be made regarding the methods of checking selection by evaluating performance.

The Philosophy of the Selection

Philosophy in this sense had both practical and idealistic elements. From a practical standpoint applicants were to be selected who could be given the training and experience which would enable them to obtain certification from the American Board of Psychiatry and Neurology and then become competent psychiatrists in various areas of psychiatric practice including hospital practice, clinic practice, undergraduate and graduate teaching, research, mental hygiene work, or any combination of these. Students were to be instructed and trained in theoretical and clinical phases of psychiatry, both diagnostic and therapeutic. With one eye firmly fixed on such practical goals, it was hoped, nevertheless—without our developing psychological strabismus—to direct the other eye toward idealistic considerations. It goes without saying that the students were to be taught *dynamic* psychiatry, and that great emphasis was to be placed on psychiatric therapy, especially on psychotherapy, group and individual, and on all the therapies implied by the general term "medical rehabilitation." But what qualities of aptitude should students have to permit them to comprehend and assimilate dynamic theoretical concepts and to develop into good therapists for emotionally ill human beings? If, as Hugo Grotius, Dutch jurist and humanist, declared three centuries ago, "the care of the human mind is the most noble branch of medicine," what qualities of "nobility" should a prospective psychiatrist have, and how could these qualities be appraised in screening applicants for psychiatric training?

It was fairly easy to make up a list of desirable qualities for a good psychiatrist to supplement the usual basic standards of good medical training, superior intelligence, genuine interest in human beings and genuine desire to help relieve their suffering. We added *psychological mindedness*, meaning the capacity to think about one's self and other people in terms of feelings, wishes, emotional conflict, frustrations, loves, hates, self-esteem, and so on. For those who assume that awareness of such psychological experience is common to all human beings of normal intelligence, it may come as a surprise to learn that such psychological mindedness is minimal in many intelligent people because of their own defenses against experiencing or even perceiving any emotions or impulses which they regard as "weak," or "sentimental." Other individuals are acutely aware of these elements of emotional experience, but are so flooded with their own impulses and feelings that they have no room left for the understanding of their fellow human

beings. The physician who is potentially a good psychiatrist has had a type of life experience which has shaped him toward being especially sensitive in perceiving and comprehending the implications of psychological experience in others, as revealed outwardly by the details he observes of what they say and do. *Capacity for empathy* is a phrase often used to refer to such sensitivity. It implies the ability to *feel with* another person in his yearnings, distress, and conflicts, and through feeling with him to begin to understand him. Knowing what to do to help him will come from training and experience. Beyond psychological mindedness and capacity for empathy the physician who is potentially a good psychiatrist will possess *tolerance* and *warmth* for other people and should not hold prejudices that are deeply rooted in his own emotional conflicts. It is also desirable that the aspirant for training in psychiatry have a stronger than average concern with human problems in their universal aspects—sociological, economic, political, philosophical, religious, and social. This group of qualities comprises a complex for which there is no single label nor any single diagnostic sign that can be used as a criterion for selection. The presence of such qualities indicates a considerable degree of psychological maturity, and is consistent with a kind of humanistic individualism which ideally is required for psychiatrists far more imperatively than for practitioners in other branches of medicine.

Personal integrity is another quality especially to be required of psychiatrists, not only because they will frequently be looked up to and emulated by their patients, but also because of the much greater opportunity in psychiatry than in other specialties for the physician who lacks integrity to exploit, influence, and become emotionally involved with his patients.

Unfortunately, due to the crowding out of the curriculum of cultural pursuits by the required pre-medical courses, many physicians who become interested in specializing in psychiatry have a rather limited *cultural background.* History, literature, sociology, psychology, philosophy, anthropology, music, and other broadening studies could well be made prerequisites for psychiatric training. However, this cultural deficiency can to a considerable extent be rectified by individual studies. Well over a century ago Philippe Pinel, noted French psychiatrist, wrote: "But one's difficulties do appear increased as soon as one embarks upon a medico-psychological career, because it becomes necessary to acquire such a variety and such a great amount of additional knowledge." This is still all too true of the average physician, whose intensive medical training has interfered with his participation in the cultural heritage of civilization. Psychiatric trails lead into all aspects of this heritage.

The personal *emotional stability and health* of the prospective psychiatrist

is one criterion around which much discussion has revolved. The general public expects all psychiatrists to be veritable fortresses of mental health and paragons of all the virtues. Finding them to be considerably less than this—in fact, human after all—the public is inclined to generalize from impressions of individual peculiarity or frailty and to regard all psychiatrists as in need of their own treatment. It is certainly true that many physicians have been attracted to psychiatry as a specialty because of psychological difficulties in themselves to which they sought answers. As a matter of fact, there is considerable question as to whether an applicant is suitable to become a psychiatrist if he has had no personal experience of significant psychological distress—in other words, if he is *too normal.* Such normality often constitutes a kind of character rigidity which diminishes, almost to the vanishing point, his capacity for empathy with others as well as his tolerance for their weaknesses and peculiarities. Conversely, possession of the capacity to feel deeply may make him especially vulnerable to emotional stresses in himself. Thus, one of the delicate problems in selection has to do with appraising the balance the applicant possesses between the psychiatric values and the psychiatric threats inherent in the highly developed sensitivity to human emotional distress.

A final criterion might be mentioned—that of *verbal facility.* Since so much of the interchange between psychiatrist and patient, from the first contacts to the final sessions of therapy, not to mention such activities as writing and teaching, involve verbal communication, it becomes highly important for the psychiatrist to have an ease of verbalization, at least an acceptably pleasing voice, an adequate vocabulary, and a basic soundness of pronunciation and grammar. Here again the haste of the average medical student to get through college, medical school, and internship and into practice has often left him deficient or somewhat inept in verbal communication.

Methods of Selection

The above listed and described criteria indicate the philosophy that has underlain the selection at this graduate school. Two general methods have been used to implement this philosophy—interviewing and psychological testing. Interviews of thirty to ninety minutes have been held with each applicant by three psychiatrists, with an additional interview being conducted by the Dean of the School. Interviews are conducted informally, with no set list of questions. Prior to the interview, each psychiatrist has looked over the application blank and the letters of reference, of which four have been required. It might be well to state at this point what most people discover from experience, namely, that letters of reference are about ninety percent worthless, at least for purposes of selecting prospective

psychiatrists. Applicants are likely to give as references those acquaintances who will be inclined to write favorable letters, and those called upon to write such letters seem to feel that it would constitute a breach of friendship or good manners to write anything worse than "Of course he has his faults, like any one else, but—." The rare perspicacious and honest appraisal of an applicant is like a gem among handfuls of glittering but worthless glass. Yet one does not feel secure, even knowing this, without having some reports of past association and observation. Often the conspicuous absence of letters from certain previous employers or, in the case of veterans, from certain psychiatric instructors or commanding officers, provides a lead for significant questioning. During the interviews, the psychiatrists conducting them have tried to observe the way in which the applicant relates himself to the interviewer and to the situation of being looked over, for such initial transference manifestations often tell more than several hours of conversation about past training. Also, the interviewers have tried to elicit fundamental interpersonal attitudes to the significant persons in the applicant's life, past and present, to people in general—especially people of another race or religious creed—, and to psychiatric patients he has managed. All of these give clues to his psychological mindedness, capacity for empathy, and tolerance.

Personal integrity is difficult to appraise in one interview. However, the way in which he reacts when confronted with apparent inconsistencies in his behavior, or when asked to give his impressions of a former associate, or of one of the other interviewers, or, at the end of the session, of the current interviewer, reveal important aspects of his degree of integrity. Also, the way in which an applicant describes a personal difficulty or possibly uncomplimentary incident, whether candidly or evasively, demonstrates his capacity for fundamental honesty.

A few questions about books, music, philosophy, and types of recreation preferred provide a fairly easy basis for appraising the applicant's cultural background and interests, and the item of voice and verbal facility is available for evaluation throughout the interview, but the estimation of emotional stability and health is no easier to appraise in one interview with an applicant than it is in a single interview with a patient. Previous breakdowns or serious aberrancies of behavior may be absent from the record and from the letters of reference, and may be carefully avoided or denied by the applicant for fear of damaging his chance of being accepted. The psychological test results are valuable here, as indeed they are for other categories, especially those of psychological mindedness and capacity for empathy.

The three interviews are reported in writing on a questionnaire form by each interviewer, and special individual observations and impressions

are recorded in an extra paragraph. The interviewer then recommends acceptance or non-acceptance, and rates the applicant as a potential psychiatrist on a scale in which 10 means top grade, 9 superior, 8 above average, 7 average, and 6 mediocre. Ratings of 5 down to 0 indicate various degrees of unsuitability. Each evaluation is made independently, without any rating or statement of impressions recorded by a previous interviewer having been seen, and the separate evaluations are later compared.

The psychological test battery given to each applicant consists of the following tests, requiring a total of about five to six hours to give, score and report: The Rorschach Test, the Bellevue-Wechsler Intelligence Scale, the Szondi Test, a Word Association Test, and the Strong Vocational Interest Test. In reading these tests, aside from the readings of general intelligence and general stability, especial attention is paid to the type of prevalent defense-mechanisms characterizing the applicant's personality make-up, and to the degree of capacity for introspection, empathy, and rapport the applicant is capable of. It is hoped that the material so collected will yield information (a) concerning the relationships of ego-structure to vocational as well as avocational interests, (b) concerning the relationship of the mode of dealing with aggressions and passive needs to vocational interest in psychiatry, (c) concerning the degree to which various personality make-ups, e.g., schizoid make-up, are suitable or unsuitable for successful psychiatric work, (d) concerning definitive test-indicators of introspectiveness, empathy and rapport.

The interview reports and psychological test reports for each applicant are then studied carefully by the four members of the Student Status Committee in order to arrive at a decision regarding acceptance or rejection. In a surprisingly large number of cases there has been close agreement among the interviewers and between the interview impressions and the psychological test results. Those instances in which discrepancies occurred have been treated as special challenges to the testing procedures, necessitating further discussion, re-checks of the test results, and perhaps acceptance of the applicant on probationary status. Also we have decided to accept certain applicants with significant psychological problems if they appeared to possess especial psychiatric aptitude, since following such students along would provide opportunity to verify or disprove our preconceptions.

The Follow Up

In order to carry out the checks on selection methods provided by observation of performance, a series of interval reports from instructors, supervisors and consultants has been arranged. We have still to arrive at

satisfactory forms and routines for carrying this out, and the very fact that the residents know they are being observed and rated makes for a degree of tension and competition that is unjust to some. Case presentations, especially of patients under treatment, have so far provided the best type of performance check.

Conclusion

A research project has been undertaken for the purpose of validating criteria for selection of applicants for psychiatric training. This paper provides only a preliminary report on the philosophy of the selection, the methods of utilizing the criteria set up, and the tentative performance checks established to test the selection criteria and methods. It is to be hoped that comparable selection research will be conducted elsewhere so that experience may be pooled for the benefit not only of teachers of psychiatry but also, and especially, for those who need to be advised regarding their aptitude for doing well in this increasingly important specialty of medicine.

FELLOWSHIPS IN THE MENNINGER FOUNDATION AND RESIDENCIES IN THE VETERANS ADMINISTRATION

Doctors admitted to the School of Psychiatry for graduate psychiatric training are called Fellows.

Qualifications

The qualifications for fellowships include a medical degree from a Class A Medical School or the foreign equivalent and the completion of a general internship of one year's duration in an approved hospital. Exception to this prerequisite is made for physicians who completed an approved internship of nine months during World War II.

Since the program of psychiatric education hereby announced is jointly sponsored by the Menninger Foundation and the Veterans Administration, Fellows of the Menninger Foundation serve as "residents" in the Winter Veterans Administration Hospital. Therefore, with few exceptions, fellowships are available only to physicians eligible for Veterans Administration residencies, the provisions for which have been announced in VA Circular 199 (August 16, 1946) and by supplementary directives of the Veterans Administration, Department of Medicine and Surgery.

Qualifications of a resident in a Veterans Administration hospital include American citizenship, graduation from an approved medical school and completion of an internship acceptable to the Administrator of the Department of Medicine and Surgery.

Residencies in hospitals of the Veterans Administration are open, first, to qualified physicians who have had active duty with the armed forces. Qualified physicians who are not veterans are now also eligible for VA residencies. If, however, a physician has obtained his medical education in the ASTP or V-12 program, he is not eligible for a VA residency until he has completed the required period of active military duty.

Privileges of VA Residents in the Menninger Foundation School of Psychiatry

Psychiatric residents of Winter Veterans Administration Hospital who are simultaneously Fellows of the Menninger Foundation share all privileges of the didactic curriculum, the curriculum of clinical instruction, and all other educational activities sponsored by the Menninger Foundation for the School of Psychiatry.

Applications

Applicants must first complete a formal application blank, which calls for specified references. Eligible applicants are then requested to visit

Topeka for interviews with the members of the Student Status Committee and for completion of a battery of personality diagnostic tests. The Director of Education awards fellowships on the recommendation of the Student Status Committee. (To obtain application blanks and information about the School of Psychiatry inquiries should be addressed to Dr. B. E. Boothe, Department of Education, Menninger Foundation, Topeka, Kansas.)

Tenure

The objective of the educational program is to prepare qualified physicians for general psychiatric practice. Fellowships are extended for the three-year period required by the curriculum of the School of Psychiatry and necessary to fulfill the training requirements of the American Board of Psychiatry and Neurology. The extension of fellowships, on a yearly basis, is subject to the approval of the Student Status Committee.

Advanced Standing

Fellows entering the School of Psychiatry with previous psychiatric experience may apply to the Student Status Committee for advanced standing, permitting graduation in less than three years. The Student Status Committee will recognize advanced standing by appropriate modifications of the required curriculum.

Tuition and Other Fees

For the three-year course the tuition fee is $2,000. The fee for one year of training is $750; for two years, $1500.

An application fee of $20 is charged, payable when the applicant visits the Menninger Foundation for preliminary interviews and psychological testing. The registration fee, payable on enrollment in the School of Psychiatry, is $10.

Salaries for Residents of the Veterans Administration

"Up to January 3, 1949, all doctors appointed as residents who have rendered active service as doctors in the Armed Forces of the United States in World War II, because of their experience and the fact their services will prove more valuable to the VA, will be paid $3300 per annum." (Circular 199). In addition, tuition fees in the School of Psychiatry are paid by the Veterans Administration for the residents who are veterans.

Salary provisions for non-veteran residents of the V. A. are as follows:

Junior Resident, first year	$900
Intermediate Resident, second year	$1,350
Senior Resident, third year	$1,800

In addition to their basic salary, non-veteran residents at Winter Hospital will be furnished living quarters, subsistence and laundry or will be paid the equivalent in money, which amounts to about $600 per year. In addition, required tuition fees will be paid by the Veterans Administration.

Classes

Appointments are made for classes to be enrolled July 1 each year, beginning July 1, 1947. Present plans are to make fifty appointments for each subsequent class.

Psychoanalytic Training

To a limited extent opportunities for psychoanalytic training will be offered by the Topeka Institute for Psychoanalysis to Fellows who are well advanced in their general psychiatric education. Candidates will be selected by the Institute Education Committee. Application should be made in writing to Dr. William L. Pious, Executive Secretary, Topeka Institute for Psychoanalysis.

Special Students and Authorized Visitors

Arrangements to attend certain special courses offered in the School of Psychiatry may be made for qualified persons. Applications should be addressed to Dr. B. E. Boothe, Department of Education, Menninger Foundation.

THE FACULTY

The Executive Committee

Karl A. Menninger, M.D., Director of the School
B. E. Boothe, Ph. D., Assistant Director
William C. Menninger, M.D.
J. F. Casey, M.D.
Lewis L. Robbins, M.D.

Psychiatry and Neurology

Robert C. Anderson, M.D., Chief, Neuropsychiatric Services, Winter Hospital
Ruth I. Barnard, M.D., Ph.D., Assistant Director, Hospital Division, Menninger Clinic
Leo H. Bartemeier, M.D., Associate Professor of Psychiatry, Wayne University, Detroit, Michigan
A. E. Bennett, M.D., Professor of Psychiatry, University of Nebraska, Omaha, Nebraska
L. L. Bernstein, M.D., Neurosurgeon, Winter Hospital
J. F. Casey, M.D., Clinical Director, Winter Hospital
H. Harlan Crank, M.D., Out-patient Division, Menninger Clinic
Erik H. Erikson, San Francisco; Consultant, Childrens Division, Menninger Clinic
Michalina Fabian, M.D., Associate Psychiatrist, Menninger Clinic
Edward G. Feldman, M.D., Chief, Neurology Section, Winter Hospital
*D. Bernard Foster, M.D., Director, Division of Neurology, Menninger Clinic
Jan Frank, M.D., Training Psychoanalyst, Menninger Clinic
Merton M. Gill, M.D., Assistant Director, Research Department, Menninger Foundation
Edward D. Greenwood, M.D., Director, Childrens Division, Menninger Clinic
Alfred Gross, M.D., Training Psychoanalyst, Menninger Clinic
Robert P. Knight, M.D., Chief of Staff, Menninger Clinic
E. Mary Leitch, M.D., Assistant Psychiatrist, Menninger Clinic
Milton Lozoff, M.D., Assistant Psychiatrist, Menninger Clinic
Henry H. Luster, M.D., Assistant Psychiatrist, Menninger Clinic
Karl A. Menninger, M.D., Manager, Winter Hospital
William C. Menninger, M.D., General Secretary, Menninger Foundation
H. C. Modlin, M.D., Chief, Group Therapy Section, Winter Hospital
William L. Pious, M.D., Director, Psychotherapy Division, Menninger Clinic
Albert Preston, M.D., Assistant Psychiatrist, Southard School
Lewis L. Robbins, M.D., Director, Out-patient Division, Menninger Clinic
William F. Roth, Jr., M.D., Professor of Psychiatry, University of Kansas
Henry C. Tracy, M.D., Professor of Anatomy, University of Kansas
Julius M. Wallner, M.D., Chief, Psychoneurotic Service, Winter Hospital
Robert L. Worthington, M.D., Director, Hospital Division, Menninger Clinic

Allied Specialties

Edith Beck, M.S.S., Chief, Social Service, Winter Hospital
Paul Bergman, Ph.D., Senior Psychologist, Menninger Clinic

---

*Expected to join faculty in 1947.

Helvi H. Boothe, M.S.S., Director, Division of Social Work, Menninger Clinic
Margaret Brenman, Ph.D., Director, Psychology Division, Menninger Clinic
Robert C. Challman, Ph.D., Chief, Psychological Service, Winter Hospital
Rudolph Chess, M.D., Chief, Medical Service, Winter Hospital
George Devereux, Ph.D., Anthropologist, Winter Hospital
Michael Dunn, M.A., Assistant Chief, Psychological Service, Winter Hospital
Sibylle K. Escalona, Ph.D., Assistant Director, Psychology Division, Menninger Clinic
Manuel G. Gichner, M.D., Chief, Pathological Service, Winter Hospital
Henry F. Helmholz, Jr., M.D., Internist, Winter Hospital
Louisa P. Holt, M.A., Sociologist, Department of Education, Menninger Foundation
Robert R. Holt, Ph.D., Psychologist, Winter Hospital
Tirzah M. Morgan, R.N., M.A., Director of Nursing Education, Winter Hospital and Menninger Foundation
C. L. Mount, M.D., Cardiologist, Winter Hospital
David Rapaport, Ph.D., Director, Research Department, Menninger Foundation
Warren Sears, M.D., Chief, Surgical Service, Winter Hospital
Nathaniel Uhr, M.D., Assistant Chief, Medical Service, Winter Hospital
Edna L. Vehlow, M.S., O.T.R., Executive Director, Medical Rehabilitation, Winter Hospital

The faculty of the School of Psychiatry holds monthly meetings for the consideration of any phase of the curriculum which requires improvement. A number of faculty committees divide the responsibility of continuous critical evaluation and the administration of the program. The Student Status Committee directs the procedure for admissions and investigates all special problems of status among the Fellows. The Curriculum Committee reviews the content of the different courses, plans their sequence and duration, and makes up the academic schedule. The Committee on Clinical Instruction is occupied mainly with the development of the essential teaching services and with teaching methods. It is responsible for an orderly, inclusive plan of clinical assignments. A Liaison Committee has been appointed to confer with Fellows of the School, individually or in representative groups, and to receive suggestions toward the improvement of the educational program and the welfare of the Fellows. The Seminars Committee is responsible for the evening program of instruction, which is more informal and varied than the major curriculum, and which is elective. All task committees report to the Executive Committee, which makes recommendations to the management of Winter Hospital and to the administrative staff of the School.

Note: Winter Hospital is an unofficial abbreviation used in this *Bulletin* for the Winter Veterans Administration Hospital. It is used in order to avoid confusing repetition. Similarly Menninger Clinic is an abbreviation for the Clinical Services Department of the Menninger Foundation.

THE DIDACTIC CURRICULUM

Formal courses in psychiatry and related subjects are scheduled continuously during the first two years of the program. Class attendance of one hour daily is required. The courses are organized in four main divisions: psychiatric theory, which includes clinical psychology; psychiatric treatment; interrelations with other disciplines, such as sociology and anthropology; and neurology. Throughout the schedule of required courses, two days a week are devoted to psychiatric treatment, and three days a week are devoted to psychiatric theory. The courses in the relation of psychiatry to other disciplines are offered in the second year. Further elective courses will be planned for the third year but most of the group instruction of the third year will be organized in seminars. Throughout the course the "Selected Bibliography" which appears in *The Human Mind* by Dr. Karl Menninger is used as the basic reading list. Brief selected bibliographies are provided by the instructors of all courses. The course descriptions which follow represent the didactic curriculum as it is planned for 1947 and 1948.

Courses in Psychiatric Theory

1. *Fundamental Principles of Modern Psychiatry:*

Psychiatry is presented as being:

a. A discipline or body of knowledge within the field of medicine
b. A point of view in medical and social science
c. A group of special therapeutic techniques

With relation to each of these concepts, certain elementary principles apply which correspond to the axioms of geometry. Seven of these are formulated and illustrated.

Six hours. Dr. Karl Menninger

2. *Introduction to Psychological Testing:*

The course is designed to cover the essentials of the work of the psychologist in a mental hospital with particular emphasis on diagnostic psychological testing. The major part of the course deals with the use of the Wechsler-Bellevue Test, the Word Association Test, the Sorting Test, the Learning Efficiency Test, the Rorschach Test, the Thematic Apperception Test, and the Szondi Test. The following topics are discussed:

a. The functions of a psychologist in a mental hospital
b. The relationship between the psychologist and the psychiatrist
c. A description of each test in the standard battery and a discussion of the diagnostic implications of each
d. A description of characteristic test findings in each of the major syndromes
e. Differential diagnosis from test results

The course is accompanied by at least one demonstration of each test on a patient. After the course each psychiatric resident is invited to observe psychological case conferences on patients who have been assigned to him and to discuss each of his patients who have been tested with the psychologist who writes the diagnostic report.

Fourteen hours. Dr. Challman

3. *The Structure and Development of the Normal Personality and the Corollary Course of the Mechanisms of Adjustment; The Theory of Disease:*

The course begins with the techniques of scientific personality study. The content on development through childhood, adolescence and adulthood includes a presentation of (1) the dual instinct theory (often erroneously referred to as the libido theory), (2) processes involved in personality development such as environmental contact, reality testing and differentiation, growth, motility, goal selection and direction, (3) the topographic description of id, ego and super-ego development, (4) the psychosexual stages of development and the progressive series of life goals with various types of "normal" resultants of instinct mastery, and (5) defense mechanisms, in relation to anxiety arousing processes which make them necessary, as equipment of the normal personality.

A final segment of the course indicates the place and meaning of psychological illness.

Thirty hours. Dr. Karl Menninger

4. *Social and Cultural Influences on Personality:*

The course objective is to introduce the sociological approach to the understanding of personality as a supplement to a psychological or biological approach. The overall rate of personality types, forms of emotional maladjustment, or intelligence levels is the point of interest rather than their individual incidence. Prevailing types of personality structure in different societies are discussed in terms of social and cultural factors, with emphasis upon family structure and modes of child-rearing. The relationship of the I.Q. to social and cultural environment is considered, and, finally, attention is given to the special problems faced by persons who are in some way "marginal" to an established society.

Six hours. Mrs. Holt

5. *Psychiatric Symptomatology:*

This course is confined to a description of common psychiatric symptoms, without attempt to correlate them with specific syndromes or to discuss their dynamic origin in detail. The qualitative and quantitative disturbances with reference to the mental spheres of sensation, perception, intellection, association, memory, attention, emotion and volition are defined and described in detail with appropriate examples. It is the purpose of this course to orient the student to the end that he may have a better understanding of individual psychiatric symptoms and thus be able to consider them more advantageously as they occur in combination in the various psychiatric syndromes. The interrelation of the mental spheres which are defined is also stressed and the manner in which a disturbance in one may be reflected among others is explained and illustrated.

Six hours. Dr. Anderson

6. *Classical Psychiatric Syndromes:*

The lectures are a supplement to material generally accepted and readily available in psychiatric literature. They present significant or controversial concepts of the etiology, pathology, symptomatology, differential diagnosis, course, and prognosis of the organic, toxic, affective, and schizophrenic reactions and the character disorders. The course also presents the psychological test findings in organic, schizophrenic and character disorders.

Twelve hours. Dr. Wallner

7. *The Psychodynamics of Psychiatric Syndromes:*

The classical psychiatric syndromes—psychoneuroses, character disorders, and psychoses—are presented from the standpoint of the special dynamic psychology of each. Brief case presentations are freely used to illustrate symptomatology and dynamics.

Eighteen hours. Dr. Knight

8. *Critique of Psychiatric Nosology:*

This short course is an attempt to suggest a principle of organization affording some reconciliation between the standard nomenclatures previously in general use and the new Army nomenclature with the projection of the theoretical and idealized nosology, terminology and nomenclature.

Six hours. Dr. Karl Menninger

9. *Child Psychology and Child Psychiatry:*

The objective of this series of lecture-discussions is to give an orientation in child psychiatry rather than to cover the field systematically. Topics include normal child development, psychological testing of children, psychosomatic problems, juvenile delinquency, and various forms of therapy specially applicable to children.

Twenty hours. Dr. Greenwood and others

10. *Special Problems of Psychopathology:*

This course encompasses present-day views, trends of research, and clinical aspects in a survey of special therapeutic problems in drug addiction, alcoholism, sexual perversion, tics and other sterotypies, and criminology.

Twenty hours. Dr. Frank and others

11. *Psychosomatic Medicine:*

The field of psychosomatic medicine is defined and such basic concepts as organ neurosis and somatic expressions of anxiety are discussed. Most of the lectures deal with psychosomatic syndromes under such classifications as gastrointestinal, endocrine, respiratory and neurological. The latter part of the course presents problems of research, the psychology of organic illness, and special problems of therapy.

Sixteen hours. Dr. Gill and others

12. *History of Psychiatry:*

The development of psychiatric concepts and the rise of current school of thought in psychiatry and allied disciplines are surveyed.

Twelve hours. Dr. Wallner

13. *Theories of Personality:*

The course begins with consideration of the general nature of psychological theories of personality, the kinds of phenomena they attempt to treat and the ways that they deal with these phenomena. Criteria for an inclusive theory are offered with some consideration of the degree to which current theories meet these criteria. Theories of personality are given a brief historical review, and a more extended and critical presentation and analysis of the theories of Lewin, Allport, and Murray constitute the bulk of the course.

Twelve hours. Dr. Holt

14. *Diagnostic Psychological Testing:*

The content of the course is the psychological rationale and clinical-diagnostic usefulness of the battery of psychological tests used at the Menninger Clinic and Winter Veterans Administration Hospital, including the Wechsler-Bellevue Scale, the Weigl and Vigotsky tests of concept formation, the Rorschach Test, the Thematic Apperception Test and the Word-Association Test. Emphasis is placed on the significance of these techniques and on the psychological processes they stimulate in the light of general psychological and psychoanalytic theory of the ego.

Forty-eight hours. Dr. Rapaport

Courses in the Interrelationships of Psychiatry with Other Disciplines

1. *Interrelations of Psychiatry with Anthropology:*

Anthropology is considered as an auxiliary science to psychiatry. The psychiatric import of social and cultural factors and the psychological implications of social dynamics are analyzed. Concrete studies are made of behaviour in its social-cultural setting.

Twelve hours. Dr. Devereux

2. *Interrelations of Psychiatry with Sociology:*

In this course the view is taken that, as in the field of psychosomatic medicine, adequate "psycho-sociological" understanding presupposes an adequate grasp of two distinct, though related, levels of functioning. Some significant variables of social structure are discussed, together with examples of their use in studying such problems as alcoholism. A critical review of some attempts to relate psychiatry—particularly psychoanalysis—to sociology is presented, including writings of Freud, Sachs, Fromm, Roheim, and Lasswell. Finally, consideration is given to the role of psychiatrists in the evolution of modern society.

Eight hours. Mrs. Holt

3. *Social Psychiatry:*

The purpose of the course is to review the implications for the psychiatrist of various social forces and to consider the applications of psychiatry to public health, industry, and academic education. It will include a discussion of the so-called "social neuroses" including racial tensions, delinquency, venereal disease, divorce, and illiteracy. Finally, there is a brief summary of the community forces and organizations which should provide support to the individual members of the family against these neuroses.

Fifteen hours. Dr. William Menninger

4. *Interrelation between Psychiatry and Psychiatric Social Work:*

Social work is interpreted as a profession which differs from psychiatry in focus, emphasis and degree rather than in kind; and the objective of the course is to develop understanding for the close working relationship of the psychiatrist and the social worker which is essential to effect the whole dynamic process of treatment. Cases will be used which illustrate (1) the function of social work in private and public social agencies, and (2) the close coordination of skills by social worker and psychiatrist in a psychiatric hospital.

Eight hours. Miss Beck and Mrs. Boothe

5. *Legal Aspects of Psychiatry:*

The subject matter includes commitment laws and proceedings, their existing deficiencies and need for revision, the role of the psychiatrist as an expert witness and his legal responsibility to the patient and society, and common legal pitfalls into which the psychiatrist may fall, with representative case histories.

Six hours. Dr. Anderson

6. *Clinical-Pathological Aspects of Psychiatric Medicine:*

The lectures are designed to cover the application and interpretation of clinical-pathological studies in biochemistry, bacteriology, serology, hematology, and histopathology. The objective is to facilitate the cooperation of the psychiatric services and the laboratory service by instruction in the economical use of tests available and in the evaluation of laboratory data.

Twelve hours. Dr. Gichner

7. *Interrelations of Psychiatry with Religion:*

This course deals with the ethical and philosophical implications of psychiatry and the contributions of great world religions to man's personal and cultural adjustment. Attention is given to religious methods of handling human dynamics, relieving guilt and stress, and strengthening ego structure. The development of the Bible and its place in subsequent cultures is surveyed. A brief analysis of the religious situation in America is made, including the beliefs and practices of deviant cults and sects. The role of religion as a critic of contemporary goals and practices is delineated and compared with the role of psychiatry as a critic of conventional moral training, and its methods.

Nine hours. Chaplains Preston and Wilke

8. *Scientific Writing:*

The principles of scientific writing are applied to the objectives of the psychiatrist: 1) when he writes for medical colleagues, and 2) when he appeals to a wider public.

Six hours. Dr. Boothe

9. *Psychological Aspects of Imaginative Literature:*

Psychological insight into character and behavior which imaginative literature extends to the reader is the subject of this course. It is concerned with the relation between the values of imaginative literature and psychological insight. Discussion is focussed upon representative poems, plays, novels, and short stories.

Fifteen hours. Dr. Boothe

Courses in Psychiatric Treatment

1. *Principles and Methods of Therapy in the Hospital:*

This course is devoted to outlining therapeutic principles, problems, and methods in the treatment of the hospitalized psychiatric patient. It lays particular stress on the therapeutic aims and the prescription of a program of treatment based on these methods. Each of the activities included in the hospital treatment program is discussed from the point of view of its psychological value as a treatment tool and its utilization in each of the different therapeutic aims. The therapies of shock, sedation, fever, hydrotherapy, and drugs are discussed.

Thirty-two hours. Dr. William Menninger
Dr. Greenwood

2. *Elementary Psychotherapy:*

The first half of this course consists of lectures covering the principles of psychotherapy, the techniques of interviewing, the appraisal of patients prognostically and therapeutically, the evaluation of risks, and the utilization of aids and safeguards such as concomitant institutional care, assistance by psychiatric social workers, interviews with significant relatives, and use of sedation.

The latter half of the course consists of a series of presentations of short-time cases illustrating principles of psychotherapy.

Fifty-two hours. Dr. Knight and others

3. *Advanced Psychotherapy:*

The first two-thirds of this course consists of sessions in which the instructor presents a variety of treated cases, both successful and unsuccessful, some in considerable detail. Free discussion of the treatment techniques used is conducted with active participation by the Fellows, to whom, in the role of hypothetical therapists, the various therapeutic problems are posed. Psychotherapeutic techniques illustrated include psychoanalysis, modified psychoanalytic psychotherapy, hypnotherapy, supportive psychotherapy, and brief methods of dynamic psychotherapy. Group supervision of cases being treated by Fellows occupies about the last third of the total number of sessions.

Thirty-eight hours. Dr. Knight and others

Courses in Neurology

Laboratory Courses:

Neuroanatomy, neurophysiology, electroencephalography and neuropathology are taught in the laboratory of the neurology service for each group of Fellows assigned to neurology. Approximately sixty-two hours are devoted to laboratory work in neuroanatomy, neurophysiology and neuropathology.

Drs. Tracy, Bernstein and Luster

Clinical Neurology:

Since basic neurology is taught in the laboratory on the Neurological Service, the lecture course is devoted largely to a systematic review of clinical neurology, which includes the following topics:

1. Introduction to examination of the nervous system and neurologic diagnosis
2. Laboratory aids in neurologic diagnosis
3. A review of neurologic diseases—Congenital, Infectious, Vascular, Degenerative, Neoplastic, and Traumatic

with regard to etiology, pathology, systematology, examinational findings, course, treatment, and prognosis.

Thirty-four hours. Dr. Barnard

Clinical Neurological Case Demonstrations:

This seminar for the presentation and discussion of neurological cases meets Tuesday evenings, bi-weekly, 6:00–7:30 p.m.

General Staff Conferences

Medical, surgical or clinical-pathological presentations are made on Tuesdays from 1:10 to 2:15. General psychiatric case conferences are

held on Thursdays at 1:10 to 2:30, directed by Dr. Karl Menninger, Dr. Will Menninger, Dr. Knight, or Dr. Frank.

Seminars and Forums

Open forums for the whole staff, with outside speakers, are scheduled once or twice monthly throughout the year. Physicians who have made important contributions to psychiatric theory and practice, leaders in clinical psychology, personality diagnostic testing and psychological research, social workers, sociologists and artists who may help the psychiatrist to understand the influence of group pressures on the individual, and other ancillary specialists are invited to Topeka to address the combined professional staff of the Menninger Foundation and Winter V. A. Hospital. Among the speakers who appeared in 1946 were Dr. Ward Halstead of Chicago, Dr. O. Spurgeon English of Philadelphia, Miss Lillian Smith of Atlanta, Dr. Jules Masserman of Chicago, Dr. James Miller of Washington, Dr. Leo H. Bartemeier of Detroit, Dr. R. H. Felix of the U. S. Public Health Service, Dr. Pierre Fouquet of Paris, Dr. Frieda Fromm-Reichmann of Washington and Composer Roy Harris of Denver.

Seminars are voluntary, extra-curricular activities which fulfill a number of purposes. Perhaps the most important is to provide opportunity for residents and staff members representing different specialties to study a subject of common interest. In the seminar, the initiative belongs to the students themselves; they plan the content of each meeting and divide the work of presenting the material for discussion. One faculty member is present in each group of approximately 20 persons; he participates in the discussion only when called upon by the seminar chairman. In most of the seminars, the membership includes representation from different disciplines, including internal medicine, surgery, nursing, social work, medical rehabilitation, and clinical psychology. Seminar periods are scheduled weekly on Wednesday nights during January to April, April to July, and September to January. For each period, a new selection of topics is made by requests which come from all members of the staff and new seminar groups are formed. Characteristic topics are the following: Interrelations of Psychiatry and Psychiatric Social Work; Non-expressive Psychotherapy; The Role of the Nurse in Meeting the Psychological Needs of the Patient; Problems of Addiction; The Lewinian Experimental Approach to the Psychology of Action, Decision, and Memory; The Problem of Instincts; Thought Processes in Children; Psychiatric Syndromes Presented by Negro Patients; Psychiatric Analysis of the Novels of Dostoievski.

Psychoanalytic seminars, arranged by the Topeka Institute for Psychoanalysis, are also available from time to time. On invitation, Fellows attend these seminars, for which a small fee is usually charged.

CLINICAL INSTRUCTION

The Menninger Foundation Fellow obtains his clinical experience in a planned rotation through the services of Winter Hospital and the Menninger Foundation, with some opportunity for elective assignments in other hospitals or clinics. An orientation period of two months precedes the initial clinical assignment. During this period he becomes familiar with basic concepts of the doctor-patient relationship, and is instructed in history-taking, diagnostic and treatment procedures, ward management and administrative routines. He is made familiar with the varied resources of the Winter Hospital and with their use in patient care.

Clinical assignments of the first year emphasize the diagnosis, dynamics and managment of patients requiring closed-ward care. Psychotherapy, milieu therapy, insulin and electric shock, hydrotherapy and malaria therapy are stressed.

During the second year clinical assignments afford experience and instruction in, first, neurology, including daily laboratory periods in neuroanatomy, neuropathology, neurophysiology and electroencephalography. The second unit includes the study and management of open-ward patients requiring supportive or group psychotherapy, milieu therapy, social planning, and rehabilitation programs. Utilization of hospital and community resources is stressed. The third essential unit comprises the psychiatric study and treatment of patients on the medical and surgical services, and and fourth includes the study and treatment of out-patients.

In the third year expressive psychotherapy of open-ward patients is emphasized, and all the foregoing experience is used as indicated. All students have the option of assignment to one of the three Menninger Clinic services, which provide experience with the treatment of patients in a small hospital environment, and of out-patients, both children and adults.

The third-year program also provides for specialization and research. By the time a resident in psychiatry has had two years of formal didactic instruction plus the concomitant clinical experience, he may be considered ready to concentrate on certain aspects of psychiatry in which he is especially interested. To that end the training program has been set up with the view to allowing each resident to select an elective program of study during at least half of his third year. He may wish to do this in connection with Winter V. A. Hospital or with some of the clinical facilities of the Menninger Foundation. On the other hand, he may wish to spend a period of six months at some other clinic or hospital, or even with a penal institution, boys' reformatory, tuberculosis sanitarium, or some other type of institu-

tion. Some arrangements have already been made for making this possible but before making any definite announcements it would seem preferable to have the list more nearly complete.

In addition it is hoped that each resident will select, outline and pursue a research project under the direction of the research committee of Winter Hospital, or the research department of the Menninger Foundation. This research project may be combined with the elective or may be used to supplement and extend the field of interest represented by the elective.

Formal clinical instruction occurs on the services which are considered essential in the clinical instruction program. Additional teaching will be made available on the remaining services as rapidly as the increasing number of faculty members permits. An outline of the clinical instruction program follows:

Clinical Assignments at Winter VA Hospital

Orientation To Clinical Services: Two months

The purpose of this period is to orient the beginning Fellows to the methods utilized in a psychiatric hospital before he is assigned to the wards and given the full responsibility of a psychiatric resident. It includes a survey of the various therapeutic techniques employed in the hospital, the techniques involved in the clinical and laboratory examinations of patients, the problems of ward and patient management, and the administrative aspects of the ward officer's work. During this period the beginning Fellow becomes familiar with the physical plant and all the special departments which will assist him in his clinical work. Clinical responsibilities begin during the orientation period.

Reception: 48 beds; 2 residents; first-year assignment for one month.

Acute Service: 148 beds; 15 residents; first-year assignment for 4 months.

Four faculty supervisors are assigned to this service. Ward rounds are scheduled daily, and staff conferences are held Mondays, Wednesdays, and Fridays. Drs. Karl Menninger, Will Menninger, Knight and Anderson, in rotation, preside at the Wednesday conferences.

Women's NP Service: 100 beds; 15 residents; first-year assignment for 4 months.

Four faculty supervisors collaborate. Staff conferences and individual or group conferences with residents are scheduled daily. Senior psychiatrists preside, in rotation, at the Wednesday staff conferences.

Closed Convalescent Section: 226 beds; 9 residents; first or second-year assignment for 2 months.

NP Ill and Infirm: 75 beds; 6 residents; first or second-year assignment for 2 months.

One or more faculty supervisors are assigned to this service for individual and group conferences.

Neurology: 125 beds; 12 residents; second-year assignment for 3 months.

Five faculty members share in the clinical instruction. The work consists of daily

ward rounds and staff conferences, a weekly luetic clinic, and two hours of laboratory instruction daily in neuroanatomy, neuropathology, neurophysiology, and electroencephalography.

Open Convalescent Service: 112 beds; 12 residents; second-year assignment for 3 months.

Three faculty supervisors are responsible for weekly staff conferences, daily individual conferences, and a program of group therapy. Senior psychiatrists preside, in rotation, at the Wednesday staff conferences.

Medicine and Surgery: 400 beds; 12 residents; second-year assignment for 3 months.

Four faculty supervisors are responsible for individual, group, and staff conferences. Staff conferences are joint meetings with the Medical or Surgical staff. Members of the senior psychiatric staff, in rotation, preside at the Wednesday staff conference.

Out-Patient Department: 100 patients per month; 6 residents; second-year assignment for 2 months.

Work on this service includes:

(1) Neuropsychiatric examinations for rating purposes, and

(2) Outpatient Department treatment of medical and psychiatric conditions.

Psychoneurotic Service: 125 beds; 20 residents; third-year assignment for 6 months.

(As this Bulletin goes to press, the patients and residents previously assigned to this service, together with the four faculty advisors, are in the process of being transferred to the Medical Service to create improved opportunities and techniques in the teaching of psychosomatic medicine.)

Clinical Assignments at the Menninger Clinic

The Menninger Sanitarium: 60 beds; 4–6 residents; elective assignment for six months, second or third year.

Fellows make complete personality studies of the patients assigned to them and present case abstracts at Inpatient Staff Conferences. The work includes daily conferences of all hospital physicians together with representatives from the nursing and occupational therapy departments, staff conferences held four times a week, attended by members of the psychotherapy staff and the hospital staff, discharge conferences, and hospital staff conferences for the discussion of special problems. All aspects of resident training are closely supervised and there are frequent individual conferences with members of the hospital staff, psychotherapists, psychiatric social workers, and others.

The Adult Out-Patient Service: 40–45 patients per month; 5 residents; elective assignment for 4 to 6 months, second or third year.

Fellows participate in all staff conferences on out-patients, examine cases, prepare abstracts, and thus benefit from the study of from 65 to 80 cases. It is the responsibility of the Fellow to interpret the patient to the staff and the recommendations of the staff to the patient. Each Fellow is also expected to attend the Topeka City Clinic one afternoon a week, where he gains the experience of dealing with patients for brief intervals, and conducts some brief psychotherapy under supervision.

Children's Division: 30 pupils at Southard School; 20 out-patients per month; "normal" babies and children; 2 residents; third-year assignment for 6 months.

The work of the Fellows includes preparing case histories of out-patients, presenting cases at the children's in-patient conferences, taking short histories and offering superficial guidance, one afternoon a week, at the Topeka City Clinic, and studying the psychology of normal children by means of special courses and by supervised observation of normal children in a nursery school. The therapeutic work of each Fellow is closely supervised.

Teaching Experience

Psychiatrists by the nature of their work are teachers. Effective therapy depends upon resourceful and clear speech with patients and often necessitates a working relationship with the psychiatric nurse, the social worker and the psychiatric aide which also depends upon the verbal skill of the psychiatrist. In the hospital environment, the psychiatrist is continually called upon to instruct groups of specialists in psychological science. Outside the hospital, the teaching of psychiatrists is equally important among groups representing community agencies and the lay environment in which the results of therapy are tested. For the psychiatrist, therefore, clarity and forcefulness of speech and skill in teaching are essential.

The Menninger Foundation School of Psychiatry provides supervised experience in teaching for all Fellows who desire it. The affiliated training programs require teaching for senior cadet nurses, graduate students of psychiatric social work, students of occupational therapy and corrective physical rehabilitation, volunteer workers and others. Perhaps the most extensive training program is that for psychiatric aides, which requires both lecturers and discussion leaders and which demands both original content of instruction and original teaching methods. Fellows are frequently requested as speakers for professional or lay groups outside Winter V.A. Hospital.

COORDINATE TRAINING PROGRAMS FOR PSYCHOLOGISTS, NURSES, SOCIAL WORKERS, AND OTHERS

Psychiatry is primarily and officially a medical discipline; hence psychiatric teaching must center upon the training of physicians. Thus far the Menninger Foundation School of Psychiatry has concentrated upon those physicians who desire to become fully qualified as psychiatrists. Its graduates, after completing two additional years of clinical experience are eligible for examination for certification by the American Board of Neurology and Psychiatry. Plans are under way for the training of physicians who do not intend to specialize in psychiatry but who seek to know more about it both theoretically and practically, in order to incorporate some of its principles into their practice of general medicine, surgery, pediatrics, gynecology, etc.

But, as was explicitly stated in the opening paragraphs of this announcement, it is our point of view that psychiatry is more than a medical discipline. It is also a psychological discipline and a sociological discipline; it is also a point of view in all of these fields.

The point of view that it represents is one which assumes the importance of psychology, sociology, anthropology, and other sciences in the proper understanding of the human being as an individual and as a member of groups. According to this point of view the modern psychiatrist cannot function properly without the assistance and collaboration of the psychologist, the social worker, the psychiatric nurse, and the occupational and recreational therapists.

The time has long passed when any but the most naive physician could justifiably assume that he and his personal skill were alone responsible for the cure of patients. Patients are cured by more things than are dreamed of in heaven. It is not an exaggeration to say that a thousand tiny events occur in the course of the average patient's stay in a good psychiatric hospital, and the particular event that contributed most to the turning point in the evolution of his recovery may have been the way a nurse smoothed the pillow or the way an occupational therapist demonstrated a woodworking tool, or the way a psychologist smiled when a patient made a shy witticism, or the way an aide stooped over to tie the loosened shoestrings of another patient. Neither the treatment nor the proper diagnostic understanding of a patient can be adequately performed by any one individual. Modern psychiatry depends on teamwork, the teamwork of experts.

The proper training of these experts must be related to the basic principles of psychiatric theory and psychiatric philosophy. A school of

psychiatry may for practical purposes devote its chief attention to the specialized training of physicians, but it cannot succeed if it neglects the coordinate training, *along similar lines of thought and procedure*, of the members of these auxiliary groups. The details of this instruction must be left to those leaders within the respective fields who have best grasped the concepts and methods of cooperative usefulness.

For this reason the faculty of the Menninger Foundation School of Psychiatry has collaborated with authorities in the fields of psychology, sociology, psychiatric nursing, psychiatric social work, occupational therapy, recreational therapy and public education in the training of aspirants in these fields. Under the sponsorship of the Department of Education of the Menninger Foundation and with the collaborative assistance of the University of Kansas and the Veterans Administration (Winter Hospital) there have been set up in Topeka a School of Clinical Psychology and a School of Psychiatric Nursing coordinate with the School of Psychiatry. In addition, special courses for psychiatric social workers, occupational therapists, specialists in corrective physical rehabilitation, and others have been projected, some of them already started. A more detailed description of the training offered in these departments must be left for another place. There is, however, close collaboration and the directors of all of these schools meet together regularly in an Educational Advisory Council with the General Director of the Department of Education of the Menninger Foundation and the Manager of the Winter V.A. Hospital. All schools are set up on a structure similar to that of the School of Psychiatry with a Director and Associate Director, an appointed faculty, an executive committee and task committees assigned respectively to problems of curriculum, clinical instruction, seminars, and student status.

Institute of Psychological Medicine

In order to embrace and integrate the various schools of professional instruction now operating in Topeka, an Institute of Psychological Medicine is under way. The schools included are those listed above, plus, if their sponsors so elect, the following:

Medical and Surgical Residencies at the Winter V.A. Hospital now supervised by the University of Kansas Medical School.

The Topeka Institute of Psychoanalysis

The existing Well Baby Clinic, and the contemplated Nursery School Mental Hygiene activities in the community, including programs at the correctional institutions, etc.

The various organized schools are to be cooperative departments of the overall INSTITUTE, which will not be a department of the Menninger

Foundation or of the University of Kansas or of the Veterans Administration, but will unite the support of these and other organizations. Such a unitary organization will provide for greater administrative economy and efficiency; it may make possible the granting of degrees; it will provide for the admission of special students who will participate in two or more of the schools; it will permit an overall faculty setup in place of the present restricted faculty lists; it will make possible cooperative and integrated instruction.

As an illustration, the study of the normal child as observed in a Nursery School is recognized as a necessary and appropriate feature of the instruction of the young psychiatrist, the psychiatric nurse, the psychiatric social worker, and the clinical psychologist. No one school can justify the cost of such a facility. It can, however, be set up by the INSTITUTE as a central feature in the teaching of all training candidates, and participated in by the faculties now associated with the separate schools, and provisions can be made for the employment of a pediatrician, a child psychologist, an instructress in children's nursing, etc.

The most important usefulness of such an INSTITUTE is its revision of present inadequate concepts. The expanding horizons of psychiatry make the isolated and independent teaching programs of psychiatrists, psychologists, nurses, social workers, and therapists obsolete. We feel that the modern concept of a clinical team needs implementation in the teaching setup by integration of all parts.

HYPNOTHERAPY RESEARCH

The paper entitled "Alterations in the State of the Ego in Hypnosis" by Margaret Brenman, Merton M. Gill, and F. J. Hacker, which appeared in the March, 1947 *Bulletin*, is part of a research on the therapeutic applications of hypnosis, in progress at the Menninger Foundation, and made possible by grants from the Josiah Macy, Jr. Foundation, the New York Foundation, and the Hofheimer Foundation.